

Village of Indian Head Park Inspection Inter Office Checklist Form

FOR OFFICE USE ONLY	
Name of Owner:	Resale Inspection stamp number issued: _____
Inspection Address:	
Date	
<input type="radio"/> Inspection requested.	
<input type="radio"/> Inspection date.	
<input type="radio"/> Inspection completed	
<input type="radio"/> Final water reading scheduled.	
<input type="radio"/> All bills due to the Village paid (water bill, permits, tickets, engineering or other).	
<input type="radio"/> Approved for issuance of Certificate of Inspection.	
<input type="radio"/> Approved for issuance of Real Estate Inspection Stamp.	
<input type="radio"/> Comments regarding any work completed without a proper permit.	

Resaleformofficeonly9-20-11